



THE SECRETARY FOR HEALTH SERVICES

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SECRETARY

July 5, 2002

Advanced Registered Nurse Practitioner Letter #A-65
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Dear Provider:

This letter provides important information about changes to the Medicaid Pharmacy Program, including the implementation of new drug prior authorization (PA) requirements.

Recombinant Human Erythropoietin Agents: Aranesp, Epogen, Procrit

- Effective July 29, 2002, prior authorization will be required for all strengths of epoetin alfa (Epogen and Procrit) and of darbepoetin (Aranesp).
- Refillable Aranesp, Epogen, and Procrit prescriptions which were written prior to July 29, 2002, and which otherwise would require prior authorization beginning July 29, 2002, may be refilled without prior authorization through October 31, 2002; however, prior authorization will be required thereafter.

COX-2 inhibitor NSAID's: Bextra, Celebrex, Vioxx

- Effective July 29, 2002, prior authorization will be required for the COX-2 inhibitors as indicated below:

Drug	When Prior Authorization Is Required
Bextra 10 and 20 mg tablets	*If dosage exceeds 30 dosage units per month
Celebrex 100 and 200 mg capsules	*If dosage exceeds 30 dosage units per month
Vioxx 12.5 and 25 mg tablets	*If dosage exceeds 30 dosage units per month
Vioxx 50 mg tablets	For any dosage
Vioxx 12.5 mg/5 ml & 25mg/5ml suspension	*If dosage exceeds 30 dosage units (150 ml) per month

* 30 dosage units per month is based on 1 dosage unit per day for 30 days. If less than a 30-day supply is prescribed, prior authorization is required if the dosage exceeds 1 dosage unit (or 5 ml) per day.

- Refillable COX-2 inhibitor prescriptions which were written prior to July 29, 2002, and which otherwise would require prior authorization beginning July 29, 2002, may be refilled without prior authorization through October 31, 2002; however, prior authorization will be required thereafter.



Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

- Effective July 29, 2002, the following nonsteroidal anti-inflammatory drugs (NSAIDs) will be on the Preferred Drug List. Prior authorization (PA) will not be required except when the specified dosage limit per day is exceeded. The brand name will also require PA if the generic is available.
 - **Diclofenac sodium 75 mg** (generic form of Voltaren): limit of 2/day without PA
 - **Etodolac 200 mg, 300 mg, & 400 mg** (generic form of Lodine): limit of 3/day without PA
 - **Etodolac 400 mg extended release** (generic form of Lodine XL): limit of 1/day without PA
 - **Fenoprofen 300 mg** (generic form of Nalfon): limit of 3/day without PA
 - **Flurbiprofen 100 mg** (generic form of Ansaid): limit of 3/day without PA
 - **Ibuprofen 400 mg, 600 mg, & 800 mg** (generic form of Motrin)
 - **Indomethacin 25 mg & 50 mg** (generic form of Indocin): limit of 2/day without PA
 - **Ketoprofen 75 mg** (generic form of Orudis): limit of 3/day without PA
 - **Naproxen 250 mg, 375 mg, & 500 mg** (generic form of Naprosyn)
 - **Naproxen sodium 275 mg & 550 mg** (generic form of Anaprox)
 - **Naproxen 375 mg delayed release** (generic form of EC-Naprosyn): limit of 2/day without PA
 - **Oxaprozin 600 mg** (generic form of Daypro): limit of 1/day without PA
 - **Piroxicam 10 mg & 20 mg** (generic form of Feldene)
 - **Salsalate 500 mg** (generic form of Disalcid): limit of 6/day without PA
 - **Salsalate 750 mg** (generic form of Disalcid): limit of 4/day without PA
 - **Sulindac 150 mg & 200 mg** (generic form of Clinoril)
- Effective July 29, 2002, the following NSAIDs will require prior authorization:
 - **Diclofenac potassium 50 mg** (generic form of Cataflam)
 - **Diclofenac sodium 25 mg & 50 mg** (generic form of Voltaren)
 - **Diclofenac sodium 100 mg extended release** (generic form of Voltaren XR)
 - **Diclofenac sodium/misoprostil 50 mg/200 mcg** (generic form of Arthrotec)
 - **Etodolac 500 mg** (generic form of Lodine)
 - **Etodolac 500 mg & 600 mg extended release** (generic form of Lodine XL)
 - **Fenoprofen 200 mg & 600 mg** (generic form of Nalfon)
 - **Flurbiprofen 50 mg** (generic form of Ansaid)
 - **Indomethacin 75 mg sustained release** (generic form of Indocin SR)
 - **Ketoprofen 12.5 mg** (generic form of Orudis KT)
 - **Ketoprofen 25 mg & 50 mg** (generic form of Orudis)
 - **Ketoprofen 100 mg, 150 mg, & 200 mg sustained release** (generic form of Oruvail)
 - **Ketorolac 10 mg** (generic form of Toradol)
 - **Meclofenamate 50 mg & 100 mg**
 - **Mefenamic acid 250 mg** (generic form of Ponstel (generic form))
 - **Meloxicam 7.5 mg** (generic form of Mobic)
 - **Nabumetone 500 mg & 750 mg** (generic form of Relafen)
 - **Naproxen 500 mg delayed release** (generic form of EC-Naprosyn)
 - **Naproxen sodium 375 mg & 550 mg controlled release** (generic form of Naprelan)
 - **Tolmetin 200 mg, 400 mg, & 600 mg** (generic form of Tolectin)
- Refillable NSAIDs prescriptions which were written prior to July 29, 2002, and which otherwise would require prior authorization beginning July 29, 2002, may be refilled without prior authorization through October 31, 2002; however, prior authorization will be required thereafter.

Internet Web Site: Medicaid's web site at <http://chs.state.ky.us/dms/> provides information about the Medicaid Pharmacy Program and related topics such as pharmacy provider letters, Pharmacy and Therapeutics Advisory Committee meetings and recommendations, Drug Management Review Advisory Board meetings and recommendations. You are encouraged to use this web site.

Contact Information:

For Questions About

Previously sent drug PA requests
Billing of pharmacy claims
This letter or Medicaid policies

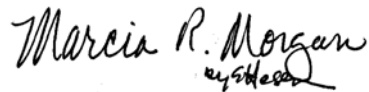
Contact

Pharmacy Help Desk
Unisys provider relations
Division of Managed Care

Phone

800-807-1273
800-807-1232
502-564-7940

Sincerely,

A handwritten signature in black ink that reads "Marcia R. Morgan". Below the name, there is a smaller, less legible signature that appears to say "asst. Secy".

Marcia R. Morgan
Secretary